

discharge
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ISSUE 30-99

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		11/29/94
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	<i>[Signature]</i>
FORMALTY REVIEW		100008	10-30-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
1	8/17/94
2	8/17/94
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here